

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>281125</i>	FILING DATE				
								APPLICANT(S)					
								CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1					51	1						
2	1					52	1						
3	1					53	1						
4	1					54	1						
5	1					55	1						
6	1					56	1						
7	1					57	1						
8	1					58	1						
9	1					59	1						
10	1					60	1						
11	1					61	1						
12	1					62	1						
13	1					63	1						
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15	1					65							
16	1					66							
17	1					67							
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35	1					85							
36	1					86							
37	1					87							
38	1					88							
39	1					89							
40	1					90							
41	1					91							
42	1					92							
43	1					93							
44	1					94							
45	1					95							
46	1					96							
47	1					97							
48	1					98							
49	1					99							
50	1					100							
TOTAL IND.	1					TOTAL IND.							
TOTAL DEP.	1					TOTAL DEP.							
TOTAL CLAIMS	1					TOTAL CLAIMS							

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								APPLICANT(S)					
CLAIMS								*	*	*	*		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	/							51					
2		/						52					
3								53					
4		2						54					
5								55					
6								56					
7								57					
8								58					
9								59					
10								60					
11								61	10				
12								62					
13								63					
14								64					
15								65					
16								66					
17								67					
18								68					
19								69					
20								70					
21								71					
22								72					
23			2					73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50			14					100					
TOTAL IND.								TOTAL IND.	2				
TOTAL DEP.								TOTAL DEP.	62				
TOTAL CLAIMS								TOTAL CLAIMS	64				